

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH No. 17

-62-019939

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No.

Registrar's No. 64

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY

Putnam

b. CITY (If outside corporate limits, give TOWNSHIP only)

Rural---Union Twp.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

Unionville, Missouri

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

Cook

c. CITY

Des-Plaines

Inside Limits

Yes ☒ No ☐

d. STREET

121 W. Windsor Drive

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Bruce

Stewart

4. DATE OF DEATH

Month

Day

Year

May

22

1962

5. SEX

M

6. COLOR OR RACE

W

7. Married

Never Married ☐

Widowed ☒

Divorced ☐

8. DATE OF BIRTH

11/12/34

9. AGE (last birthday)

27

IF UNDER 1 YEAR

Months 8

Days 10

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Publisher

10b. KIND OF BUSINESS OR INDUSTRY

Advertising

11. BIRTHPLACE (City and state or country)

Evanston, Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

William R. Stewart

13b. MOTHER'S MAIDEN NAME

Cecile Gunther

14. NAME OF HUSBAND OR WIFE

Joanne Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes or unknown) YES

(If yes, give war or dates of service) Active Natl. Guar

16. SOCIAL SECURITY NO.

17. INFORMANT

121 W. Windsor Dr.

Joanne Stewart, Des Plaines, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple injuries from plane crash

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Crash of Continental Flight 11

20c. TIME OF INJURY

Hour

Month, Day, Year

9:45 pm

a.m.

p.m.

5/22/62

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

on farm

20f. CITY, TOWN, OR LOCATION

Union Twp.

COUNTY

Putnam

STATE

Missouri

21. I attended the deceased from

9:45 pm

and last saw her alive on

Death occurred at

9:45 pm

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or title)

22b. ADDRESS

Unionville, Missouri

22c. DATE SIGNED

5/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5-24-62

23c. NAME OF CEMETERY OR CREMATORY

Towne of Maine

23d. LOCATION (City, town, or county)

Parkridge, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

5-24-62

26. REGISTRAR'S SIGNATURE

Marcel Durbin

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed: Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address Kirksville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.